

[EMERGENCY DEPARTMENT | CRISIS RESPONSE SERVICES] TRANSITION SUMMARY:

Client Name (last, first): Fake, Jake

Date of Birth: 1962-Oct-01

MFRN # 123456

Address: 355 Portage Ave

Winnipeg, MB R1R R1R

Phone H: (204) 926-9123

Next of Kin:

Next of Kin Phone:

Gender: female

PHIN: 324628873

W: (204) 926-9123 C: (000) 000-0000

Provider: Dr. Blank

601 Apple Street

Winnipeg, MB R2N 1J2

Phone: (204) 940-2000

After Hours Contact #: 940-2299

Fax: (204) 940-2069

DATE:

TO EMERGENCY DEPARTMENT:[Concordia|Health Sciences Centre|St. Boniface|Seven Oaks|Crisis Response Services]:

ATTENTION: [Attending Emergency Department Physician|Crisis Response Services]

TRANSPORTED BY: [Patient transports independently | Patient and escort transports independently| WFPS transports]

INITIAL STATEMENT IDENTIFYING THE REASON FOR TRANSFER TO EMERGENCY DEPARTMENT:

I would appreciate your assessment of Jake a 54 Yr male whose chief complaint

DESCRIPTION OF ASSOCIATED SYMPTOMS: [See below|See Clinical Note attached]

On exam

DESCRIPTION OF RELEVANT COLLATERAL HISTORY:

Problem History: BACKACHE NOS [mechanical back pain], CARPAL TUNNEL SYNDROME, DEPRESSIVE DISORDER NEC, GENITAL HERPES, DYSPLASIA OF CERVIX NOS [seen previously in Colposcopy clinic]

Active Medications: PROZAC 20 MG CAPSULE 1 Capsule(s) Once daily X 6 Mth30 , ZYBAN 150 MG TABLET 1 Tablet(s) Once daily X 3 Day(s) then 1 Tablet(s) Two times daily X 3 Mth30

Immunization Summary: MMR, HB (Hepatitis B) (Adult), Rabies ID, IPV (Polio), Yellow Fever, Hep A & Typhoid, HA (Hepatitis A) (adult)

Surgical/Medical History: none

Known Allergies: (Drug Allergy), Penicillins

Lifestyle Notes: Tobacco – Current User - Cigarettes: use to Smoke 1/2 pack a day 3 years ago

Family History: Arthritis (Brother) - Osteoarthritis: testing

Alternative Therapies: None Recorded

Client Services: Public Trustee - Voluntary Power of Attorney: PTG Fake Jake Phone: 204-999-9999 Fax: 204-000-0000, Home Care/ Home Care Nurse - Case Coordinator John Jake Phone: 204-999-9999 Fax: 204-000-0000

Social History: None Recorded

RELEVANT CLINICAL FINDINGS AND OUTLINE OF MANAGEMENT TO DATE:

PROVISIONAL DIAGNOSIS / CLINICAL IMPRESSION:

INCLUDE ANY RISK SCORES (IF APPLICABLE I.E., WELL'S, PERC OR RISK ASSESSMENT (IF APPLICABLE I.E., SUICIDE RISK ASSESSMENT, VIOLENCE PREVENTION PROTOCOL):

STATEMENT OF WHAT IS EXPECTED FROM EMERGENCY DEPARTMENT TRANSFER:

Thank you for seeing <PATIENT FIRST NAME> with view of

RESULTS OF INVESTIGATION TO DATE:

{As attached | None on file | Awaiting results}

COPIES:

Copy of Transition Summary: {Sent with Patient | Sent with WFPS Services}

Transition Summary Faxed to: {Emergency Department | Crisis Response Services}